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Nevada Medicaid

Drug Use Review (DUR) Board

Draft Meeting Minutes
January 26, 2012

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd. S., Suite 300
Las Vegas, NV 89119

Nevada State Health Division
4150 Technology Way, Suite 300
Carson City, NV 89506

Committee Members Present:

Las Vegas: Paul Oesterman, Pharm.D.; James Marx, MD; Joram Seggev, MD

Carson City: Chris Shea, Pharm.D.;

Absent: Dave England, Pharm.D.; Larry Nussbaum, MD

Others Present:

DHCFP:

Las Vegas: Gabriel Lither, Senior Deputy Attorney General

Carson City: Coleen Lawrence, Chief, Program Services; Mary Griffith, Pharmacy Program Specialist

HPES:

Las Vegas: Ed Arnold, PBM Liaison

SXC Health Solutions:

Las Vegas: Carl Jeffery, Pharm.D., Account Manager; Kevin Whittington, RPh.

Carson City: Irene Tobarak, Data Analyst

Others:

Las Vegas: Deron Grothe, Teva; Robert Pearce, Teva; Steve Fox, GSK; Tammy Fresquez, Pfizer; Lori Howarth, Bayer; Suheyla Azizi, Eisai; Sandy Sierawski, Pfizer; Melissa Walsh, Novartis; Rocio Manghani, Celgene; Andi Stratton, Vertex; Charissa Anne, J&J; Lisa Borland, Vertex; Kevin Prince, MD; Pat Wiseman, Medimmune; Tom Mclean, MRK; Lovell Robinson, Abbott; Helen Liao, Lilly
Carson City: Tom McCoy, Acscan; Jenny Reese, Carrara NV; Jeff Scheneman, Pfizer; Amber Joiner, NSMA; Sabrina Aery, BMS

i. Call to Order and Roll Call

Chairman Paul Oesterman called the meeting to order at 1:06 PM, roll was taken and a quorum was present. Thanks Dr. Seggev for joining the Board.

ii. For Possible Action: Review and Approval of the April 28, 2011 Meeting Minutes

Motion to approve April 28, 2011 meeting minutes: Dr. Marx

Second: Dr. Seggev

Discussion:

Chairman Oesterman asked if the report on hyperparathyroid and Iron replacement claims from IV on page two of minutes was going to be present. Dr. Jeffery informed the board the information for the report was not available prior to the meeting. Chairman Oesterman outlined the below corrections for the Board:

Page 4, top paragraph in regards to the routes of response of providers was a concern and requested a proposal would be presented at the next meeting.

Page 5, regarding updated Medicaid Service Manual Chapter 1200, there was a request that a specialist be present, is there a specialist present regarding access of electronic medical records? Ms. Lawrence informed the board that the specialist will not be available. Ms. Lawrence stated the idea has been presented to IT and will be included in future items and will follow up.

Item 17 – date of next meeting was scheduled for May 27th, but due to lack of a quorum, it was cancelled.

Dr. Marx asked if the acetaminophen rerun on page 4, four grams per day from item VI on page 4 was done. Dr. Jeffery said it has not been rerun yet.

Votes to approve: Unanimous

Motion Carried

Ms. Lawrence requested that member identify themselves when making motions and seconds for the benefit of the new members and staff.

Chairman Oesterman reminds the audience that the comments be limited to 5 minutes per presenter.

iii. Status Update by DHCFP

a. Public Comment

None.

b. Program Updates

December 2nd, New POS, SXC Health Solutions.

Ms. Lawrence welcomed SXC as the new POS vendor for Nevada Medicaid and explained SXC will be participating in DUR Board and P&T Committee meetings. Introduced Dr. Carl Jeffery as the new account manager as the contact for pharmacy.

Ms. Lawrence noted two members have been appointed to the DUR board. Dr. Nussbaum who was unable to make the meeting and Dr. Seggev who was participating at the Las Vegas Site.

Dr. Seggev introduced himself and provided a brief synopsis of his extensive experience in health care.

Ms. Lawrence gave a brief introduction for Dr. Nussbaum who is a child psychologist based in Reno, NV.

Ms. Lawrence informed the board of three significant changes in claims processing since the last meeting:

1. The change in POS processing to SXC which will allow for innovation over the next year and new technology
2. October Change from AWP based pricing to WAC based pricing because of a FDB lawsuit.
3. January 1st implementation of NCPDP version D.0 transmission by pharmacy providers

Ms. Lawrence noted all three changes went smoothly with minimum impact on providers however there were some issues with coordination of benefits with the D.O conversion.

Ms. Lawrence stated that DHCFP did send out the State Plan Amendment for the new Supplement Rebate provider. Supplemental rebate templates were sent over on January 19th, 2012. Timing was difficult and it was made retro-active to January 1st, 2012.

Ms. Lawrence asked the Board if there would be a day and/or time that would be better for the Board to meet proposing a new meeting time starting at 4:00 PM. Challenge will be the room for a meeting. Ms. Lawrence asked for input from Board and the public to find a place that is open past 5:00 PM for the meeting.

Chairman Oesterman asked for other input from the Board.

Dr. Seggev volunteered UMC as a possibility to accommodate members of the public and hours necessary.

The Board discussed briefly, Chairman Oesterman asked the Board members to send him their preference.

Administrative:

- iv. Discussion of Updating the Medicaid Services Manual Chapter 1200: Prescription Drugs
 - a. Public Comment

None.

- b. For Possible Action: Board Discussion and Approval of Updating Medicaid Services Manual Chapter 1200: Prescription Drugs

Ms. Griffith informed the Board that DHCFP is in the process of removing the quantity limits from the Medicaid Services Manual Chapter 1200: Prescription Drugs and having them memorialized in the pharmacy billing manual. Hoping to have done before the March 2012 Public Hearing. Other billing guidelines will also be moved to the Pharmacy Billing Manual. Any reference to eligibility is already referenced in other Chapters of the Medicaid Service Manual and will be removed. Also removing all references to Magellan. Doing this eliminates duplication and possible discrepancies in the manuals and allows DHCFP to implement changes in a timelier manner.

Chairman Oesterman made a recommendation that you proceed with the changes outlined. Asked if motion necessary. Dr. Marx asked that any motion be put off until the new manual was ready to review so they can see what they are approving.

Mr. Lither asked what action DHCFP is seeking from the Board today.

Ms. Lawrence gave some background and examples of how other Medicaid Programs are documented. Ms. Lawrence stressed the DUR Board's role in establishing limits is not changing. The DUR Board still has 100% control over the quantity limits. They will be referenced only in the Pharmacy Billing Manual going forward.

Chairman Oesterman made the motion to recommend that the quantity limitations be removed from the chapter 1200 and placed in the Pharmacy Billing Manual.

Motion to approve: Dr. Marx

Second: Dr. Seggev

Discussion: Dr. Marx feels this is not an item the Board needs to be voting on. It is a procedural item.

Vote to approve: Unanimous
Motion Carried

- v. Presentation by SXC of new Pharmacy Manual
 - a. Public Comment

None.

- c. For Possible Action: Board Discussion and Approval of Updated new Pharmacy Manual

Dr. Jeffery explained with the takeover, a new pharmacy billing manual was created. The new manual is very similar to the old manual with a few notable exceptions.

- Items duplicated in Medicaid Services Manual Chapter 1200: Prescription Drugs were removed. Limitation such as quantity limits will be listed in an appendix
- BIN and PCN numbers changes to direct claims to a new processor
- Updates to Coordination of Benefits related to D.0

No action taken by the Board.

Utilization Management:

- vi. Presentation of Compounded 17-alpha Hydroxyprogesterone Adjudication Procedure
 - a. Public Comment

None.

- b. Discussion by Board on the Review of Makena Utilization

Chairman Oesterman read a letter from Theresa E. Chevalier APN-BC. Ms. Chevalier's letter requested Makena continue to be on the formulary and accessible to patients. A copy of the letter was given to each Board Member

Dr. Jeffery presented Makena utilization

Chairman Oesterman notes low utilization. Chairman Oesterman asked if the utilization for the compounded 17-alpha hydroxyprogesterone was available.

Ms. Lawrence informed the Board compounded 17-alpha hydroxyprogesterone was available, despite the manufacture not participating the Federal Drug Rebate Program. Because of the cost savings of the compounded product, DHCFP would forgo the rebates and pay for it out of general funds.

Chairman Oesterman requested compounded utilization be presented at the next DUR Board meeting.

- c. For Possible Action: Board Discussion and Approval

No Action taken by the Board

- vii. Proposed Prior Authorization Criteria for Protease Inhibitors for Hepatitis C
 - a. Public Comment.

Dr. Kevin Prince, a Primary Care Physician in Las Vegas asked to speak. Dr. Prince identified himself as affiliated with a Las Vegas hospital/clinic and is on speaker's bureau for three drug manufactures however his comments today were his own, he was not representing the hospital/clinic and was not receiving any compensation from any source for speaking to the DUR Board.

Dr. Prince states he supports the keeping of the current Prior Authorization criteria in place. He had received a Prior Authorization approval and felt the process works. He is against restricting approval based on provider specialty. He would like to request that both products remain available. Using about 4 to 1 Incivic over Victrelis. Both seem to work very well. Requesting that we do not add a specialist requirement for PA.

Chairman Oesterman asked Dr. Price if he has ever had a patient fail one and switch them to another agent? Dr. Price responded with "No." In the guidelines, you are not to switch from one to the other. Off prescribing guidelines.

Dr. Seggev reference an article from the New England Journal of Medicine that does not support switching from one to the other agent. Dr. Prince concurred with this information. Dr. Prince also mentioned that this will likely be used in the future for people co-infected with HIV. The current Peg/Ribo does not have a very good success rate when used alone.

- b. For Possible Action: Board Discussion and Approval of Prior Authorization Criteria for Protease Inhibitors for Hepatitis C

Chairman Oesterman stated that he spoke with an infectious disease pharmacist and his review of the presented criteria appeared consistent with current guidelines and with other formularies. The recommendation is that they both remain available.

Move to approve prior authorization criteria as written: Dr. Seggev
Second: Dr. Marx
Vote to Approve: Unanimous
Motion Carried.

Chairman Oesterman asked Ms. Lawrence if this quantity limit should be applied to the new Chapter 1200 information? Ms. Lawrence said this will be included in the new Chapter 1200.

- viii. Presentation of *Pharmacy and Therapeutics Committee* Action on Carisoprodol and Carisoprodol Compounds.
 - a. Public Comment

None.

- b. Discussion on the Pharmacy and Therapeutics Committee Action on Carisoprodol and Carisoprodol Compounds

Dr. Jeffery presented reports demonstrating Carisoprodol and Carisoprodol Compound product utilization decreased after the Pharmacy and Therapeutics Committee made them non-formulary based on the DUR Board's recommendation.

Chairman Oesterman asked Dr. Jeffery if he thought there was an impact from the DEA's decision because Nevada already had Carisoprodol listed as a controlled substance. Dr. Jeffery responded that there was no impact.

Ms. Lawrence noted that what this has done locally was help with the State's Lock-in Program.

- c. For Possible Action: Board Discussion and Approval

Dr. Marx: Move that DHCFP request from the controlled substance task force a report on carisoprodol with delivery of the report prior to the next DUR board meeting. And circulated to the Board Members before the next meeting.

Second: Chairman Oesterman

Vote to approve: Unanimous

Motion Carried

Outreach and Education:

ix Presentation of Pharmacist Administered Immunization Program

a. Public Comment

None.

b. For Possible Action: Board Discussion and Approval of Pharmacist Immunization Program

Ms. Lawrence said target date to roll out the program is March or April 2012. Stakeholders are very interested in this program and the retail pharmacists want to do every possible immunization that their store allows. Held off due to Point of Sale and D.O implementation. New policy and programs will be introduced to increase immunization rates. Immunization councils have been very responsive and supportive of this initiative. The pharmacist reimbursement will be the same as the physician rates. Board of Pharmacy requires input into WebID, the Nevada Immunization Tracking program. Physician concerns include lack of follow-up care, but positive remarks for at least the child would receive the immunization. Medicaid Administrator concerned about "Flooding" the pharmacists at the counter lever when they are already busy. The pharmacists and retail association have assured DHCFP that they want the program and are very supportive. She informed the DUR Board that the Board of Pharmacy had very comprehensive policies on pharmacist administered immunization and noted the Retail Pharmacy Association is very supportive of the program. Important to get a decision and plan out soon so pharmacies can plan for the next immunization season.

Chairman Oesterman explained every pharmacy student in Nevada is trained on administering immunization using the American Pharmacist Association guidelines and all pharmacists must be certified prior to being able to administer immunization. The Chairman is supportive of this initiative and March or April would be a good time so pharmacies can gear up for school immunizations and influenza season. Pharmacists are looking forward to expanded patient care with this initiative.

Ms. Lawrence explained pharmacy technicians are not allowed to administer immunizations. Chairman Oesterman confirmed this.

Dr. Marx raised his concern about unintended consequences, primary physicians no longer stocking immunizations due to the lack of demand, making them unavailable for those patients that cannot afford or have insurance that retail pharmacies cannot bill. Dr. Marx also expressed concern about the training the pharmacist received, citing an example of a patient he saw after a pharmacist gave erroneous information on administration.

Chairman Oesterman responded stating that only pharmacists that are trained and have a certificate from the American Pharmacist Association are permitted to administer immunizations.

Ms. Lawrence affirmed that DHCFP will require the certification for reimbursement. Ms. Lawrence clarified that DHCFP does not reimburse for the cost of the medication for medications on the Vaccines for Children Program. Pharmacies will need to be enrolled in the VFC program and maintain a separate inventory. Physicians are not reimbursed for that cost either. Maybe going forward that we look at immunizations for education and outreach.

Chairman Oesterman asked about currently available reports for immunizations. Ms. Lawrence stated that aside from the claims information she will work with the Health division to find more information.

No action taken on this item

x. Presentation of Recipient Outreach Programs: Review of Draft Web Announcement on Acetaminophen Dosage Limits

a. Public Comment

None.

b. For Possible Action: Board Discussion and Approval of Nevada Medicaid Drug Utilization Review Annual Report

Chairman Oesterman provided some background information for this program, the original paragraph form was re-formatted to the bulleted format on page one per the DUR Board recommendation. This page is intended to provide education to providers about the risk of acetaminophen overdose.

c. For Possible Action: Board Discussion and Approval of the Draft Web Announcement on Acetaminophen Dosage Limits

There was discussion around brand Tylenol manufacture McNeil lowering their recommended max daily dose from 4,000mg to 3,000mg. The FDA is still deciding on their max recommended amount. The Board discussed adding a PA for drugs with greater than 325mg per tablet. SXC will present a list of products and recommended max doses for the Board's review and approval for April 2012 DUR meeting.

Dr. Marx made a motion to change the letter to state no dose more the 2,600 mg per day on a chronic basis. Dr. Marx withdrew the motion.

Dr. Marx asked if there is a RetroDUR report for Acetaminophen related information. Ms. Lawrence said this is something on her task list to get put together. Dr. Shea commented that they used to get three months usage of acetaminophen RetroDUR reports and they would send a notice to the prescriber if the same recipient showed up in consecutive months with excessive Acetaminophen dosing.

Ms. Lawrence reminded the Board that an educational announcement is permissible with the manufacture recommendation is limited, but cannot state DHCFP's policy is this amount. Cannot enforce dose limits.

Dr. Jeffery volunteered to run some reports with maximum recommended acetaminophen doses for the next meeting.

Chairman Oesterman also would like to consider a recommendation for the P&T Committee to make any dosage form with greater than 325mg of acetaminophen require prior authorization. Ms. Lawrence reminded the Board that they could make that recommendation and is not the P&T Committee's responsibility.

Chairman Oesterman motions to add to the next meeting an agenda item for discussion to limit all acetaminophen containing products and the dosage limit of acetaminophen.

Dr. Marx made the motion to change the references of 4,000mg (4gm) to 3,000mg (3gm) and publish the flier with corrections. A link will be added to the bottom of the flier to reference the on-line quantity limit.

Second: Dr. Shea
Vote to approve: unanimous
Motion Carried.

- xi. Presentation of Recipient Outreach Programs: Smoking Cessation Programs
 - a. Public Comment

None.

- b. For Possible Action: Board Discussion and approval of Recipient Outreach Programs: Smoking Cessation

Ms. Lawrence explained there was not an update at this time but did want the DUR board to know the American Lung Association had reached out to the State and wants to partner in the program.

Chairman Oesterman requests that on the next agenda, the item reference “Tobacco” rather than “Smoking” cessation.

No Action taken on this item.

Standard Reports:

- xii. Nevada Medicaid Drug Utilization Review Annual Report Federal Fiscal Year 2010
 - a. Public Comment

None.

- b. Presentation by SXC of the Nevada Medicaid Drug Utilization Review Annual Report

Dr. Jeffery explained the report was actually MMA’s work product and did not have any additional information that what was printed.

Ms. Lawrence explained that this is the standard CMS format with tables and trigger questions that are not able to change or update.

Chairman Oesterman noted on the last page, tracking of e-prescribing, it would be nice if we were tracking technology to make sure it is being used to promote the best possible care. Ms. Lawrence stated that this will be a focus going forward, focusing on e-prescribing and other web-based prior authorization. These are all areas to improve upon.

Chairman Oesterman questioned the drug to gender encounters, clindamycin, is that the vaginal gel or is the system not able to make the distinction between products? Dr. Jeffery stated that this is probably the vaginal use. The Chairman expressed concern that this data may be inaccurate if pharmacists are not processing correcting. Also commenting on the Drug to Geriatric, the top item, hydrocodone/APAP, we have over 2000 overrides, that seems like a large number. Requests an update of the quarter presented at the next meeting.

Ms. Lawrence explained that the data presented here is the State’s data, so it is available for extraction. Ms. Lawrence stated that we should be able to find the data and present at the next meeting.

Dr. Marx expressed disappointment in not receiving the information in a timely manner and requested additional time to review prior to approving the report.

Ms. Lawrence explained DHCFP could not wait until the next DUR meeting to submit the report to CMS.

- c. For Possible Action: Board Discussion and Approval of Nevada Medicaid Drug Utilization Review Annual Report

Dr. Marx made a motion to approve the report for submission to CMS but any outstanding questions the Board may have must still be answered.

Second: Dr. Seggev

Vote to approve: Unanimous

Motion Carried.

xiii. Review of Prescribing/Program Trends

- a. Public Comment

None.

- b. Program Trends

Dr. Jeffery reviewed the reports with the Board.

Chairman Oesterman asked Dr. Jeffery if utilization really dropped 30%. Dr. Jeffery suspects there may be data issues, the Chairman requested the reports be rerun. Dr. Jeffery Agreed. The Chairman requested that this data be re-presented when it is loaded and correct.

Ms. Lawrence asked if there are additional report the DUR board would like to see. The Chairman requested the top therapeutic classes be broken down to the drug level. Dr. Jeffery agreed to provide this information. The Chairman would like to see some of the other reports that are available to other Medicaid Programs.

- c. Top 10 Therapeutic Classes for Q1, Q2, and Q3 2011 (by Payment and by Claims)
- d. Top 50 Drugs for Q1, Q2 and Q3 2011 (by Payment and by Claims)

xiv. Concurrent Drug Utilization Review (ProDUR)

- a. Public Comment

None.

- b. Review of Q2 and Q3 2011
- c. Review of Top Encounters by Problem Type

Dr. Jeffery explained the reports and clarified for the Board the definition of the abbreviations on the reports. The difference between a Hard Stop and a Soft Stop and the messaging the pharmacy may receive based on the transaction.

Chairman Oesterman asked for additional reports detailing how many claims stopped with a ProDUR ultimately paid. Dr. Jeffery stated this information would be included on future reports.

The Chairman requested that if possible it would be interesting to see what kind of soft-stops pharmacists are seeing.

Chairman Oesterman requested the percentage of soft-stops that don't get filled vs. filled

Drug-age edit, DUR response. Ten different lines, but they all pertain to promethazine or pediatric vitamins?

Dr. Marx commented about the abuse of Promethazine with Codeine, smoking with dipped cigarettes. Becoming a very popular street drug. Dr. Marx requested that for the next meeting, present the usage of the liquid.

xv. Retrospective Drug Utilization Review (RetroDUR)

- a. Public comment

None.

- b. Review of Responses

- c. Status of Previous Quarter

- d. Status of Current Quarter

- e. For Possible Action: Board Discussion and Approval of Future Criteria Selection

Dr. Jeffery explained that RetroDUR reports were not turned over to SXC during the transition, so there was not data to report at this time.

The Board discussed the use and possible abuse of prescription Promethazine with Codeine syrup. Dr. Marx asked that usage reports be presented at next meeting for possible action by the Board.

xvi. Presentation of List of Outstanding DUR Board Report Requests

Ms. Lawrence informed the Board the list has not yet been turned over to Dr. Jeffery. She will turn over the list prior to the next meeting.

xvii. Public Comment

None.

Dr. Marx requested to open a discussion. Dr. Marx expressed concern SXC was processing PA requests for exceptions to quantity limits different than MMA had. Dr. Marx also expressed concern the PA process was time consuming. Ms. Lawrence asked Dr. Marx to provide some examples so she can work with Dr. Jeffery to determine if staff needs retraining.

xviii. Date and Location of Next meeting

The next meeting is scheduled for April 26, 2012. The Board members will send the Chairman their ideal schedule for future meetings.

xix. For Possible Action: Adjournment

Dr. Marx motioned to adjourn the meeting.

Second: Dr. Seggev.

Vote to approve: unanimous

Motion carried.